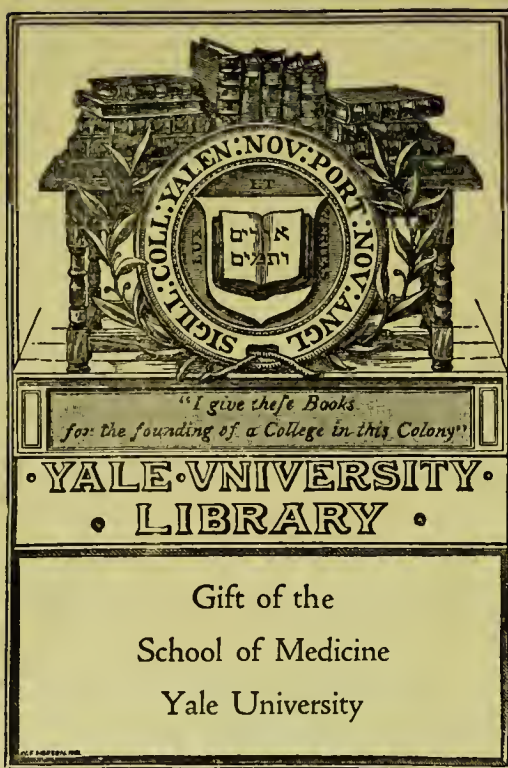
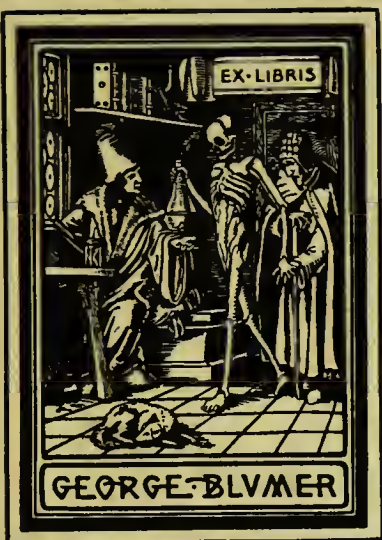


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A SYLLABUS
OF A
Course of Clinical Lectures
ON
MENTAL AFFECTIONS

Designed as a Note Book for the Use of Students

By

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DEDICATED
WITH FILIAL AFFECTION
TO
DR. JOHN BASSETT CHAPIN
The Nestor of American Psychiatry

PREFACE

In the present-day warfare upon all theories of mental activity, he is a bold man, indeed, who ventures to publish, by word or pen, any definite statement of belief. Nowhere is the dispute more warmly waged than among the students of disease of the mind, who question all theories of the past, re-arrange groups of symptoms, and with a new nomenclature, upon which no common agreement is made, describe disorders as old as the human race. But while theories are propounded with an assurance under which facts might well be honored to marshal, the facts themselves remain unchanged, and the effort to trace manifestations to their origin appears to promise success only when the mystery of the creation is revealed. To the physician, the while, patients present themselves for treatment, and plead for relief. He must respond to this appeal with the best knowledge at hand, and if his practice lag behind the promise of the future, he and they must be content.

The teacher of medicine, with the limited time in which the principles of his great art must be expounded, is obliged to crystallize into concise phrase the information most needed and serviceable. He must define terms and impart understanding of their significance. This necessity seems to justify the brief analysis of normal mental operations which precedes the outline of their disordered action in the following pages. It also authorizes the use of a simple, well-understood and accepted classification which has sustained the test of long and universal use.

The demand for a syllabus of this character arises from the clinical instruction in mental diseases given to the students of the Albany Medical College during the last eight years. In this time there has been in active operation, as a department of the Albany Hospital, a pavilion for mental diseases, the first recognition in modern practice in this country, by a general hospital, of the needs and claims of mental cases to be regarded and treated upon the same basis and with the same resources as the physically sick and injured. Priority in practical work for students at the bedside of mental cases may be also claimed for this institution.

The form of the syllabus is that devised by Dr. Henry Hun, for his lectures, and the value of his plan is attested by several years of successful use of his "Note-Book on Nervous Diseases."

In recognition of the recent re-union of science and religion the plan of this book and its detail have been submitted to the Reverend William M. Gilbert, of Yonkers, N. Y., whose assistance in its preparation has been of the greatest value. This co-operation has been the more pleasant from the conviction on both sides that the duties of the physician and clergyman are distinct, though they meet cordially on psychological ground.

Not the least consolation in the preparation of a book of this kind, may be found in the abundant blank spaces, where errors may be corrected, and the fruits of riper experience recorded.

September, 1910.

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Part I

Psychological Outline

THE MIND

The **human mind** is the spiritual reaction of the individual to the environment.

It is developed by

- (1) The acquisition of knowledge, and
- (2) The arrangement of knowledge.

It is manifested by

- (3) The using of knowledge.

THE ACQUISITION OF KNOWLEDGE

The acquisition of knowledge is gained from (1) physical sources, producing (2) mental activities.

- (1) The physical sources are the special senses of (a) sight, (b) hearing, (c) smell, (d) taste, and (e) touch.

The special senses consist of peripheral organs which receive impressions from the external world, and these sensations are conveyed by sensory nerve tracts to the cerebral cortex.

Here they stimulate mental activities. All knowledge is derived primarily through the senses.

- (2) The mental activities are (a) sense perceptions and (b) memory.

(a) Sense perceptions are the recognition by the mind of impressions conveyed by the senses.

(b) Memory is the retention by the mind of sense perceptions.

THE ARRANGEMENT OF KNOWLEDGE

- (1) **Concepts** arise from correlation of impressions or memories or both.

- (2) **Ideas** are combinations of concepts. Correlation or association of ideas produces thought.

- (3) **Feeling** is the sense of pleasure or pain or both associated with mental activity. *Emotion* is the manifestation of intense feeling. The feelings may be (a) simple, or (b) complex.

- (a) Simple feelings:

(1) pleasure (love, joy, pride, etc.); (2) pain (anger, fear, hate, grief, shame, etc.)

- (b) Complex feelings:

(1) aesthetic, the sense of beauty; (2) altruistic, the sense of obligation to others;

(3) moral, the sense of right and wrong (conscience).

- (4) **Judgment** (Reason) is the decision by the mind of the relative values of concepts and their associated feelings.

- (5) **Consciousness** is the recognition by the mind of its own activities. It is the sum total of all thoughts and feelings, vivid and faint, at any given moment of time.

Consciousness relates to (a) self: subject consciousness, and (b) surroundings: object consciousness.

- (6) **Attention** is the concentration of the mind upon certain limited fields of activity.

Attention may be (a) voluntary, in which it is subordinated to and controlled by the mental effort of the individual; and (b) involuntary, when fields of activity intrude themselves in spite of efforts to resist them.

THE USING OF KNOWLEDGE

The using of knowledge (willing and acting) is revealed by the acts resulting from acquisition and arrangement of knowledge.

- (1) **Involuntary Acts**, without the exercise of the judgment, may be (a) reflex, in which physical activities prevail without the control of the mind; or (b) instinctive, in which reflex acts are modified by inheritance, training or habit.
- (2) **Voluntary Acts**, result from the determination reached by the judgment.
- (3) **Habit** is the tendency of the mind to follow customary lines of thought and action.

THE PERIODS OF LIFE

- (1) **Childhood, Puberty and Youth**, the period of acquisition: activity of all energy, and pre-dominance of the emotions.
- (2) **Maturity**, the period of arrangement of knowledge: the evolution of judgment and reason by the subordination of emotion and the formation of habit.
- (3) **Old Age**, the period of decline: domination of habit, with gradual decline of energy.

The Character of the Individual (Personality) is determined by

- (1) The amount of knowledge acquired;
- (2) The ability to arrange the knowledge and form judgments;
- (3) The accomplishment of certain ends by the use of knowledge.

DISORDERS OF MENTAL FUNCTION

(1) **Sense Perception.**

- (a) Illusions: erroneous recognition of impressions conveyed by the senses.
- (b) Hallucinations: subjective perceptions without activity of the special senses.

(2) **Memory.**

- (a) Partial loss of memory:
 - (1) General:
 - (a) Of recent events.
 - (b) Of remote events.
 - (c) "Pseudo-reminiscence," or "fabrication;" loss of the proper relations of time and space.
 - (2) Local:
 - (a) Aphasia in its various forms.
- (b) Complete loss of memory.

(3) **Concept.**

Imperative concept: the domination of an idea over the mind, controlling and contrary to the dictates of reason.

(4) Ideas.

Dissociation of ideas leads to disconnected or incoherent thought.

(5) Habit.

The gradual ascendancy of bad habits, following indulgence, leads to domination of the judgment and destruction of the individual.

(6) Emotion.

- (a) Lack of control of the feelings, leading to ascendancy over the judgment, and the outbreak of passionate, impulsive and ill-considered acts.
- (b) Lack of discrimination between right and wrong: defective moral sense or conscience, leading to vice or crime.
- (c) Disorders of emotions in disease: morbid worry, fears, apprehension, etc., in hysteria, hypochondria, neurasthenia and insanity.

(7) Judgment.

Delusions: false beliefs based upon an abnormal or morbid or pathological state of mind.

(8) Consciousness.

- (a) Loss of normal balance between subject and object consciousness (rise of subject consciousness at expense of object consciousness).
- (b) Diminished:
 - (1) From exhaustion.
 - (2) In somnolence.
 - (3) In semi-coma.
 - (4) In coma.

(9) Attention.

Loss of control of attention due to

- (a) Intrusion of currents of thought, so that attention cannot be diverted from them.
- (b) Exhaustion, preventing use or concentration of attention.

VARIATIONS IN PERSONALITY

Personality differs as the mind

- (1) Differs in development:
 - (a) In acquiring knowledge.
 - (b) In arranging knowledge.
 - (c) In using knowledge.
- (2) Is affected by disease
 - (a) Mental affections due to exhaustion or shock.
 - (b) Mental affections associated with functional diseases of the nervous system.
 - (c) Mental affections due to organic diseases of the nervous system.
 - (d) Mental affections due to indulgence of habit.

- (3) Degenerates:
 - (a) From involution of old age.
 - (b) From organic disease of the brain.
 - (c) From effects of mental disease.

- (1) **Variations in personality due to defect in the acquisition of knowledge.**
 - (a) Persons in whom there is no development: idiots.
 - (b) Persons in whom development is incomplete:
 - (1) Shown by general defect: imbeciles.
 - (2) Shown by partial defect, usually the moral sense, or sense of right and wrong: "moral imbeciles," "congenital" or "habitual criminals."

- (2) **Variation in personality due to differences in the arrangement of knowledge.**
 - (a) Elaboration of certain lines of knowledge at the expense of others: genius.
 - (b) Imperfect judgments, erroneous deductions from acquired facts: eccentrics, cranks.
 - (c) Erroneous judgments, contrary to general experience, and not yielding to it, resulting in a system of delusions: paranoia.
 - (d) Unstable mental activity, characterized by alternations of states of excitement with states of depression: circular insanity.

- (3) **Variation in personality due to differences in the using of knowledge (willing and acting).**
 - (a) Strongly and quickly—the choleric temperament.
 - (b) Strongly and slowly—the melancholy temperament.
 - (c) Weakly and quickly—the sanguine temperament.
 - (d) Weakly and slowly—the phlegmatic temperament.

- (4) **Changes in personality due to disease of the mind.**
 - (a) States of mental depression:
 - (1) Morbid intensifying of painful feelings with loss of feelings of pleasure: simple melancholia.
 - (2) Morbid intensifying of painful feelings, and loss of feelings of pleasure, with delusions, with or without illusions and hallucinations: delusional melancholia.
 - (b) States of mental excitement:
 - (1) Overactivity of thought, with disconnected or incoherent ideas, and sense of exhilaration: simple mania.
 - (2) Overactivity of thought, incoherence and exhilaration, with delusions, with or without illusions and hallucinations: delusional mania.
 - (c) States of mental torpor:
 - (1) Temporary suspension of all mental action: cerebral concussion.
 - (2) Prolonged diminution of mental activity, of different degrees: stupor, dementia.

- (d) States of mental confusion:
 - Incomplete and disconnected ideas, with alternating feelings of depression and excitement, and with hallucinations, illusions and fragmentary, changeable delusions: confusional insanity.
 - (e) States of delirium:
 - Diminished consciousness, active hallucinations and illusions, manifested as (1) active delirium; (2) passive, or low or muttering delirium.
 - (f) Insanity of irresistible ideas.
 - (g) Inability to control the will: aboulia; insanity of doubt or hesitation.
 - (h) Functional diseases of the nervous system associated with mental disturbances:
 - (1) Epilepsy:
 - (a) The psychical equivalent.
 - (b) Dementia resulting from epilepsy.
 - (2) Neurasthenia.
 - (3) Hysteria.
 - (4) Chorea:
 - (a) Chorea minor.
 - (b) Progressive chorea.
 - (i) Organic diseases of the nervous system associated with mental disturbances:
 - (1) Paresis and tabo-paresis.
 - (2) Syphilis and tumor.
 - (j) The mental effects of indulgence in habits:
 - (1) Alcoholism.—(a) drunkenness; (b) delirium tremens; (c) mental diseases resulting from alcoholism; (d) mental degeneration resulting from alcoholism.
 - (2) Opium, cocaine, chloral, etc.
- (5) **Changes in personality due to mental degeneration.**
- (a) Old age, normal and pathological.
 - (b) Organic brain disease, as tumor, thrombosis, haemorrhage, embolism, abscess.
 - (c) The permanent deterioration following an unrecovered attack of mental disease.

Part II

Case-Taking

CASE HISTORY

Introductory.—(a) Information derived from patient; (b) information derived from others.

Name, age, sex, civil condition, occupation, nativity.

Family history.—(a) Causes of death in immediate family; (b) existence of any disease in more than one member of the family, direct or collateral; (c) atavism.

Personal history.—(a) Overwork or worry; (b) previous diseases; (c) habits; (d) regularity of life.

Present illness.—(a) First symptom noticed; (b) following symptoms in order; (c) mental symptoms; (d) physical symptoms; (e) insomnia; (f) weakness, fatigue or morning tire; (g) weakened attention; (h) mental depression.

EXAMINATION OF PATIENT

(a) The special senses (illusions, hallucinations).

(b) Memory (partial loss of memory, for recent events, remote events, of the relations of time and space, aphasia; complete loss of memory—arithmetical problems, dates, ages, names, etc.)

(c) Imperative concepts.

(d) Judgment (delusions).

(e) Current of thought (retarded, accelerated, incoherent)

(f) Emotions (depressed—fear, grief, remorse; exalted—exhilaration, irritability, turbulence; enfeebled—indifference, apathy, confusion, well-being).

(g) Consciousness (diminished, lost, subject-consciousness, object-consciousness).

(h) Attention (diverted, weakened).

(i) Conduct (quiet, dull, agitated, violent, indecent, impulsive acts).

(k) Habits and tendencies (destructive, dirty, untidy, dangerous, homicidal, suicidal, criminal).

(l) Speech (mute, taciturn, voluble, disconnected, incoherent, ataxic, aphasic, thick, unintelligible, scanning).

(m) Handwriting (tremulous, elisions, disconnected).

(n) Periodicity of symptoms.

Part III
Mental Defects

IDIOCY**Definition.**

Etiology.—(a) Hereditary influences; (b) epilepsy; (c) traumatism; (d) syphilis; (e) organic brain disease; (f) cretinism.

Pathology and pathological anatomy.—(a) Microcephaly; (b) hydrocephaly; (c) epilepsy; (d) organic brain disease.

Symptoms.—(a) Absence of mental action—initiative, speech, consciousness, feelings, memory; (b) possess only instincts of animal existence; (c) automatic movements; (d) physical symptoms—stature, asymmetry, stigmata, defects of function, convulsions, paralysis; (e) Mongolian idiocy.

Prognosis.—(a) Duration of life; (b) intercurrent diseases.

Treatment.—(a) Training; (b) custodial care.

IMBECILITY

Definition.

Etiology. (See etiology of idiocy).

Pathology and pathological anatomy. (See idiocy.)

Symptoms.—(a) Beginning at or about puberty or adolescence; (b) childishness; (c) concepts, ideas and initiative; (d) egoism; (e) imitation; (f) excitability; (g) intercurrent attacks of mental disease; (h) physical symptoms—speech, lowered vitality, stigmata, paralysis; (i) moral imbecility.

Differential diagnosis.—(a) From idiocy; (b) from adolescent insanity.

Prognosis.—(a) Duration of life; (b) intercurrent disease.

Treatment.—(a) Training; (b) general management; (c) custodial care.

PARANOIA

Synonyms.—Chronic delusional insanity; progressive systematized insanity.

Definition and history.

Etiology.—(a) Inherent defect.

Pathology.

Symptoms.—(a) Prodromal—early life; (b) stage of mental depression; (c) stage of mental exaltation; (d) stage of mental enfeeblement; (e) hallucinations and illusions; (f) combination of symptoms of all stages; (g) remissions; (h) crimes committed by paranoiacs; (i) the paranoiac personality; (j) physical symptoms.

Diagnosis.—(a) Life history of the patient; (b) from melancholia; (c) from mania; (d) from dementia; (e) from paresis; (f) from alcoholism.

Prognosis.—(a) As to curability; (b) as to termination.

Treatment.—(a) Commitment to an institution.

CIRCULAR INSANITY

Synonyms.—Folie circulaire; folie á double forme.

Definition and history.

Etiology.—(a) Inherent defect.

Pathology.

Symptoms.—(a) Stage of mental depression; (b) stage of mental exaltation; (c) normal interval; (d) general mental condition; (e) recurrent insanity.

Diagnosis.—(a) Life history of the patient.

Differential diagnosis.—(a) From melancholia; (b) from mania.

Prognosis.—(a) As to curability; (b) as to termination.

Treatment.—(a) General management; (b) medicine; (c) commitment to an institution.

Part IV
Mental Diseases

I. Mental Diseases Due to Shock and Exhaustion

INTRODUCTORY

Differ in manifestation as the attack occurs at one or the other period of life, adolescence, maturity, old age, although the distinction is not invariable. In adolescence emotional activities are prominent; in maturity delusional states are prominent, and in advanced life mental depression is apt to be the prominent feature.

MENTAL DISEASES OF ADOLESCENCE

Definition and history.

Etiology.

- (1) Predisposing: (a) heredity; (b) diathesis; (c) sex; (d) age.
- (2) Exciting: (a) mental strain; (b) physical strain; (c) developmental factors; (d) love affairs; (e) environment; (f) ambition; (g) hardship; (h) overwork and worry.

Pathology.**Symptoms.**

Prodromal stage.

- (1) Physical: (a) digestive system; (b) circulatory system; (c) nervous system.
- (2) Mental: (a) defect of attention; (b) irritability; (c) worry; (d) insomnia.

Stage of invasion.

- (a) Sudden; (b) gradual; (c) excitability; (d) vacillation; (e) imperative ideas; (f) impulsive acts.

Fastigium.

Mental symptoms: (a) states of excitement; (h) states of depression; (c) states of stupor; (d) hallucinations and illusions; (e) delusions; (f) mutism; (g) negativism; (h) variations in symptoms.

Physical symptoms: (a) digestive system; (b) circulatory system; (c) nervous system; (d) catalepsy.

Stage of decline.

- (a) Gradual subsidence of symptoms; (b) recurrence of symptoms; (c) dullness and hebetude.

Katatonia.—(a) Melancholia; (b) mania; (c) stupor with catalepsy; (d) mental confusion; (e) verbigeration; (f) automatism; (g) dementia.

Synopsis of symptoms.

Differential diagnosis.

(a) Hysteria; (b) imbecility; (c) delirium.

Prognosis.

- (a) Depending on differential diagnosis; (b) on future protection and prophylaxis;
- (c) percentage of recoveries from acute attack.

Treatment.

- (a) Rest; (b) isolation; (c) food; (d) tonics; (f) general management to restore normal physical function.

MENTAL DISEASES OF MATURITY

Introductory.

Several mental states are included in this group. Mania, melancholia and dementia have been generic terms for description of mental conditions, so that these phrases have been often assumed to represent different diseases. They are not different diseases, but the terms are used for convenience to differentiate the effects in different persons of functional disorders of the mind. The following group includes melancholia, mania, stupor, confusion and delirium, as in the individual case one phase or another dominates the clinical manifestations, but in many cases the different types are commingled, or the condition changes from one to the other.

Etiology.

- (1) Predisposing: (a) heredity; (b) diathesis; (c) sex; (d) age.
- (2) Exciting: (a) acting quickly—shock; (b) acting slowly—exhaustion; (c) toxaemia:
(d) poisons developed in the body, (e) poisons introduced into the body.

Pathology.

MELANCHOLIA

Definition and history.

Varieties.—(1) Simple; (2) delusional—(a) with agitation, (b) with stupor.

Suicide in melancholia.—(1) Occurrence; (2) method—(a) poison, (b) wounds, (c) strangulation, (d) precipitation, (e) drowning; (3) suicide from other causes than melancholia; (4) prevention.

SIMPLE MELANCHOLIA

Definition and history.

Etiology.—(a) Heredity; (b) age; (c) sex; (d) overwork and worry; (e) physical causes.

Pathology.

Symptoms.—(a) Prodromata—failure of attention, worry, introspection, hypochondria, insomnia, anorexia, constipation; (b) mental depression, gloom, hopelessness; (c) physical symptoms—digestive system, circulatory system, nervous system.

Synopsis of Symptoms.

Differential Diagnosis.—(a) From emotions and other passing states due to an adequate cause, as grief, anxiety, etc.; and not to pathological conditions, (b) from paresis; (c) from senile dementia; (d) from circular insanity; (e)from paranoia.

Prognosis.—(a) Age; (b) recurrence; (c) termination.

Treatment.—(a) Removal of cause; (b) nutrition; (c) drugs; (d) prevention of suicide; (e) general management.

DELUSIONAL MELANCHOLIA WITH AGITATION

Synonym.—Melancholia agitata.

Definition and history.

Etiology.—(a) Heredity; (b) age; (c) sex; (d) privation and want; (e) overwork and worry; (f) alcoholism; (g) physical causes.

Pathology.

Symptoms.—(a) Prodromata; (b) insomnia; (c) anorexia; (d) constipation; (e) delusions—fear, suspicion, ruin, punishment; (f) hallucinations; (g) motor restlessness; (h) physical symptoms—digestive system, circulatory system, nervous system.

Synopsis of symptoms.

Differential diagnosis.—(a) From alcoholism; (b) from senile dementia.

Prognosis.—(a) Age; (b) recurrence; (c) terminations.

Treatment.—(a) Removal of cause; (b) nutrition; (c) drugs; (d) prevention of suicide; (e) general management.

DELUSIONAL MELANCHOLIA WITH STUPOR

Synonyms.—Stuporous melancholia; resistive melancholia; active stupor; apparent stupor.

Definition and history.

Etiology.—(a) Heredity; (b) age; (c) sex; (d) privation and want; (e) overwork and worry; (f) shock and fright; (g) physical causes.

Pathology.

Symptoms.—(a) Prodromata; (b) insomnia; (c) anorexia; (d) constipation; (e) morbid fears and apprehensions; (f) hallucinations; (g)delusions—fear, contamination, controlling delusions; (h) hallucinations; (i) catalepsy; (k) motor resistance; (l) impulsive acts; (m) physical symptoms—digestive system, circulatory system, nervous system.

Synopsis of symptoms.

Differential diagnosis.—(a) From primary dementia; (b) from katatonia; (c) from paresis; (d) from states of somnolence or coma.

Prognosis.—(a) Duration; (b) intercurrent diseases; (c) terminations.

Treatment.—(a) Stimulating and supporting; (b) correction of physical functions; (c) nutrition; (d) drugs; (e) prevention of suicide; (f) general management.

MANIA

Synonyms.—Frenzy, raving madness.

Definition and history.

Varieties.—(1) Simple; (2) delusional; (3) recurrent.

Pathology.

Etiology.—(a) Heredity; (b) diathesis; (c) age; (d) overwork and worry; (e) alcoholism; (f) abuse of drugs.

Symptoms.—(a) Prodromata—mental depression and lassitude; (b) rapidity and incoherence of thought; (c) speech; (d) exhilaration and irritability; (e) hyperaesthesia; (f) illusions; (g) hallucinations; (h) delusions; (i) motor activity; (k) memory; (l) periodicity; (m) degrees of intensity; (n) physical symptoms—circulatory system, digestive system, nervous system.

Synopsis of symptoms.

Differential diagnosis.—(a) From alcoholism; (b) from paresis; (c) from circular insanity; (d) from senile dementia; (e) from delirium.

Prognosis.—(a) Age; (b) recurrence; (c) terminations.

Treatment.—(a) Isolation; (b) nutrition; (c) drugs; (d) avoidance of narcotics; (e) general management.

PRIMARY DEMENTIA

Synonyms.—Passive stupor; anergic stupor; real stupor.

Definition and history.

Etiology.—(a) Age; (b) overwork and worry; (c) mental shock; (d) surgical operations; (e) accident and injury; (f) alcoholism; (g) abuse of drugs.

Pathology.

Symptoms.—(a) Prodromata; (b) suspension of thought—mental inertia; (c) degrees of stupor;
(d) physical symptoms—digestive system; circulatory system; nervous system.

Synopsis of symptoms.

Differential diagnosis.—(a) From melancholia with stupor (distinction between active and passive stupor); (b) in adolescence; (c) from other forms of suspended mental action.

Prognosis.—(a) Age; (b) cause; (c) recurrence; (d) duration; (e) terminations

Treatment.—(a) Removal of cause; (b) nutrition; (c) medicine; (d) general management.

CONFUSIONAL INSANITY

Synonym.—Hallucinatory confusion.

Definition and history.

Etiology.—(a) Age; (b) overwork and worry; (c) physical disease; (d) shock; (e) accident and injury.

Pathology.

Symptoms.—(a) Prodromata; (b) confusion of ideas; (c) emotional variations; (d) hallucinations and illusions; (e) delusions; (f) physical symptoms—digestive system, circulatory system, nervous system.

Synopsis of symptoms.

§

Differential diagnosis.—(a) From delirium; (b) from mania; (c) from melancholia.

Prognosis.—(a) Terminations.

Treatment.—(a) Removal of cause; (b) nutrition; (c) medicine; (d) general management.

ACUTE DELIRIUM

Synonyms.—Acute delirious mania, delirium grave, typhomania, Bell's disease.

Definition and history.

Etiology.—(a) Overwork and worry; (b) mental strain; (c) fevers and surgical operations.

Pathology.—(a) Exhaustion and toxæmia.

Symptoms.—(a) Prodromata; (b) stage of invasion; (c) fastigium; (d) stage of decline; (e) hallucinations and illusions; (d) delusions; (e) consciousness; (f) motor restlessness; (g) periodicity; (h) physical symptoms—digestive system, circulatory system, nervous system, jactitation, subsultus, temperature, typhoid state.

Synopsis of symptoms.

Differential diagnosis.—(a) From febrile delirium; (b) from paresis; (c) from alcoholic delirium.

Prognosis.—(a) Duration; (b) terminations; (c) pathology.

Treatment.—(a) Isolation and rest; (b) nutrition; (c) drugs; (d) nursing and general management.

PUERPERAL INSANITY

Definition and history.

The puerperal state.

Varieties.—(a) gestational; (b) puerperal; (c) lactational.

Etiology.—(a) Predisposing causes; (b) exciting causes—exhaustion and toxaemia.

Pathology and pathological anatomy.

Symptoms.—(a) Melancholic form; (b) maniacal form; (c) confusional form; (d) acute delirium; (e) illusions, hallucinations and delusions; (f) impulsive acts; (g) suicide and infanticide; (h) temperature; (i) exhaustion; (k) physical symptoms.

Synopsis of symptoms.

Differential diagnosis.—(a) Cause; (b) from puerperal septicaemia.

Prognosis.

Treatment.—(a) Restoration of physical functions; (b) nutrition; (c) drugs; (d) local treatment; (e) prevention of accidents; (f) general management.

II. Mental Disorders Associated with Functional Diseases of the Nervous System

INTRODUCTORY

EPILEPSY

Definition and history.

Etiology.—(a) Congenital defect; (b) consanguinity of parents; (c) puberty and adolescence; (d) injury; (e) the initial attack.

Pathology.—(a) Discharge of nerve force; (b) site of discharge in brain.

Symptoms.—(a) Motor; (b) sensory; (c) mental; (d) the psychic equivalent; (e) petit mal; (f) the epileptic temperament.

Diagnosis.—(a) From hysteria; (b) from epileptiform attacks in other diseases; (c) senile epilepsy.

Prognosis.—(a) As to attack; (b) as to recurrence; (c) epileptic dementia.

Treatment.—(a) Of the attack; (b) of the disease; (c) general management; (d) nutrition; (e) drugs.

NEURASTHENIA

Synonym.—More properly psychasthenia.

Definition and history.

Etiology.—(a) Prodromal stage of mental diseases; (b) forms of mental defect—the phobias, insanity of doubt (aboulias).

Symptoms.—(a) Mysophobia, claustrophobia, agoraphobia; (b) insanity of doubt.

Diagnosis.—(a) From melancholia; (b) from mania.

Prognosis.—(a) As to curability; (b) as to duration.

Treatment.—(a) General management.

HYSTERIA

Introductory.

Etiology.—(a) Temperament; (b) exciting causes.

Symptoms.—(a) Major attacks; (b) convulsion; (c) catalepsy; (d) trance; (e) ecstasy; (f) somnambulism; (g) coma; (h) mania; (i) imperative ideas; (k) cultivation of invalidism; (l) physical symptoms.

Diagnosis.—(a) From neurasthenia; (b) from hypochondriasis; (c) from epilepsy; (d) from other forms of mental disease.

Prognosis.—(a) As to the attack; (b) as to future attacks.

Treatment.—(a) Suggestion; (b) nutrition; (c) medicine; (d) seclusion; (e) rest; (f) general management.

CHOREA

Introductory.

Chorea major.—Epidemic chorea, dancing mania, hysterical chorea.

Chorea minor.—Sydenham's chorea.

Progressive chorea.—Huntington's chorea, hereditary chorea.

III. Mental Disorders Due to Organic Diseases of the Nervous System

PARESIS

Synonyms.—Paretic dementia; general paralysis; general paralysis of the insane; general paresis.

Definition.—A disorder characterized by mental weakness, usually attended by exaltation, sometimes by depression, progressing rapidly to dementia, and regularly associated with increasing motor disturbance.

History.

Etiology.—(a) Race; (b) sex; (c) age; (d) occupation; (e) syphilis; (f) mental strain.

Pathological anatomy (meningo-encephalitis).—(a) The cerebral blood vessels; (b) the brain; (c) the meninges; (d) the skull; (e) the spinal cord.

Symptoms.—A prodromal and three active stages.

(1) Prodromal (neurasthenic or neurasthenoid stage):

- (a) Restlessness and irritability; (b) exhilaration; (c) indifference of consequences;
- (d) insomnia.

- (2) First stage: stage of fibrillar tremor, slight incoordination of muscles of speech and facial expression; mental exaltation with excitement; melancholic form.

-
- (3) Second stage: muscular incoordination and paresis, with mental enfeeblement.

- (4) Third stage: advanced paresis, with little power of progression, almost inarticulate speech, and at last paralysis, with mental extinction.

(5) Delusions.

(6) Convulsive seizures: (a) apoplectiform; (b) epileptiform; (c) paretic.

(7) Trophic disorders: (a) acute decubitus; (b) haematoma auris; (c) cystitis.

(8) The pupils: (a) inequality; (b) immobility; (c) Argyll-Robertson.

(9) Speech and handwriting:

(10) Tabo-paresis: (a) locomotor ataxia complicating paresis; (b) paresis complicating locomotor ataxia; (c) locomotor ataxia and paresis developing synchronously.

(11) Juvenile paresis.

Diagnosis.—(a) The mental state of indifference; (b) the physical symptoms.

Differential diagnosis.—(a) From cerebro-spinal syphilis; (b) from mania; (c) from stupor; (d) from alcoholism; (e) from drug addiction; (f) lumbar puncture; (g) blood reactions.

Prognosis.—(a) As to life; (b) as to complications; (c) of the convulsive seizures; (d) remissions.

Treatment.—(a) General management; (b) prevention of accidents; (c) antisyphilitic.

IV. Mental Disorders Due to Indulgence in Habit

ALCOHOLISM

Definition.

Pathology.

Classification.—(1) Drunkenness; (2) delirium tremens; (3) mental diseases due to alcoholism, (4) mental degeneration due to alcoholism.

DELIRIUM TREMENS

Synonym.—Acute alcoholic delirium.

Definition.

Etiology.—(a) Prolonged drinking; (b) abstinence after prolonged drinking; (c) mental shock or physical accident; (d) intercurrent disease in an alcoholic.

Pathology.

Symptoms.—(a) Mental confusion; (b) delusions; (c) hallucinations; (d) tremor; (e) jactitation and subsultus; (f) neuro-muscular system; (g) circulatory system; (h) digestive system; (i) genito-urinary system.

Diagnosis.—(a) Mental confusion and terror; (b) character of hallucinations; (c) physical symptoms; (d) history.

Differential diagnosis.—(a) From delirium from other causes; (b) from organic brain disease (c) from other forms of mental disturbance.

Prognosis.—(a) As to attack; (b) as to recurrence.

Treatment.—(a) Inhibition of alcohol; (b) nutrition; (c) medicine; (d) general management.

ALCOHOLIC MENTAL DISEASE

Definition.

Etiology.—(a) Predisposing causes; (b) exciting causes.

Pathology.

Symptoms.—(a) Mania; (b) melancholia; (c) systematized delusions of persecution; (d) hallucinatory forms; (e) with alcoholic multiple neuritis—the “polyneuritic psychosis.”

Diagnosis.—(a) Grouping of symptoms; (b) nervous symptoms; (c) history.

Differential diagnosis.—(a) From other forms of mental disease; (b) from paresis.

Prognosis.

Treatment.—(a) Removal of cause; (b) nutrition; (c) medicine; (d) general management.

ALCOHOLIC MENTAL DEGENERATION

Synonym.—Alcoholic dementia.

Definition.

Etiology.—(a) Predisposing causes; (b) exciting causes.

Pathological Anatomy.—(a) Blood vessels; (b) meninges; (c) brain; (d) other organs.

Symptoms.—(a) Loss of memory; (b) moral deterioration; (c) mental inertia; (d) incoherence of ideas; (e) hallucinations; (f) physical symptoms.

Diagnosis.—(a) A form of terminal dementia.

Prognosis.

Treatment.—(a) Preservation of physical health; (b) custodial care.

MORPHINISM**Definition.**

Etiology.—(a) Prolonged use of morphine; (b) discontinuance of use of morphine; (c) disease leading to use of morphine.

Pathology.

Symptoms.—(a) Confusion of ideas; (b) hallucinations; (c) delirium; (d) moral obliquity; (e) mental weakness; (f) delusions; (g) physical symptoms.

Diagnosis.—(a) Resemblance to alcoholism; (b) scars of hypodermatic injections; (c) history.

Prognosis.

Treatment.—(a) Isolation; (b) rapid removal of the drug; (c) gradual reduction of dosage; (d) restoration of physical health; (e) removal of cause of morphinism.

COCAINISM**Definition.**

Etiology.—(a) Excessive single doses; (b) chronic use of cocaine; (c) dissipation.

Pathology.

Symptoms.—(a) Loss of memory; (b) confusion of ideas; (c) mental weakness; (d) hallucinations; (e) physical symptoms.

Differential diagnosis.—(a) From other injurious habits; (b) from other forms of mental disease

Prognosis.

Treatment.—(a) Rapid removal of the drug; (b) gradual reduction in dosage; (c) restoration of physical health.

CHLORALISM

Definition.

Etiology.

Pathology.

Symptoms.—(a) Similar to those of alcoholism and morphinism; (b) mental depression and emotional excess; (c) physical symptoms.

Diagnosis.—(a) History; (b) from other forms of addiction.

Prognosis.

Treatment.—(a) Removal of drug; (b) nutrition; (c) tonics; (d) change of air and scene.

Part V

Mental Degeneration

MENTAL AFFECTIONS OF OLD AGE

Definition.—(a) Normal senility; (b) pathological senility.

Normal old age.

Etiology.—(a) Heredity; (b) diathesis; (c) sex; (d) age; (e) arterial degeneration.

Pathology and pathological anatomy.—(a) Nervous system; (b) circulatory system.

Symptoms.—(a) Prodromal; (b) maniacal form; (c) melancholic form; (d) demented form; (e) delirious form; (f) convulsions; (g) senile confusion; (h) peculiarities of memory; (k) physical symptoms.

Synopsis of symptoms.—(a) The peculiarities of the defect of memory; (b) restlessness and weakness; (c) senile dementia.

Differential diagnosis.—(a) From paresis; (b) from functional mental disease.

Prognosis.—(a) As to active symptoms; (b) as to duration of life.

Treatment.—(a) Improvement of physical disorders; (b) general management.

INSANITY FROM GROSS ORGANIC DISEASE OF THE BRAIN

Synonym.—Port-apoplectic insanity.

Definition.

Pathology.—(a) Arterio-sclerosis; (b) thrombosis, embolism and haemorrhage; (c) cerebral tumor; (d) cerebral abscess; (e) injuries to the head.

Symptoms.—(a) Mental enfeeblement; (b) emotional states; (c) loss of memory; (d) defect of judgment; (e) childishness; (f) physical symptoms.

Differential diagnosis.—(a) From senile dementia; (b) from paresis; (c) from other forms of mental disorder.

Prognosis.

Treatment.—(a) Alleviation of symptoms; (b) hypnotics; (c) nutrition; (d) general management.

TERMINAL DEMENTIA

Synonym.—Secondary dementia.

Definition and history.

Etiology.—(a) Resulting from mental disease; (b) resulting from physieal disease; (e) resulting from epilepsy.

Symptoms.—(a) Cases of moderate degree; (b) cases of pronounced loss of mind; (c) cases of total loss of mind; (d) chronic melancholia; (e) chronic mania; (f) physical symptoms.

Diagnosis.—(a) Simple mental enfeeblement.

Differential diagnosis.—(a) From primary dementia; (b) from paresis; (c) senile dementia.

Prognosis.—(a) As to curability; (b) as to duration of life.

Treatment.—(a) General management; (b) medicine; (c) commitment to an institution.

Part VI

Medico-Legal Considerations

A DEFINITION OF INSANITY

Insanity is a condition, the result of disease, in which there is a prolonged departure from one's natural way of thinking and acting.

Analysis of the definition.—(a) The result of disease; (b) a prolonged departure; (c) one's natural way of thinking and acting; (d) limitations of a definition.

COMMITMENT OF THE INSANE

Qualifications of examiners.

Reasons for commitment.—(a) For treatment; (b) for custodial care; (c) disadvantages of commitment; (d) voluntary “commitments.”

Form of commitment.—(a) The petition; (b) medical certificate of insanity; (c) judicial order; (d) personal service; (e) financial statement; (f) dates.

GUARDIANSHIP OF INCOMPETENT PERSONS

Legal classification of incompetents.—(a) “Idiocy;” (b) “lunacy;” (c) “imbecility arising from old age;” (d) “habitual drunkenness.”

Committees.—(a) Of the property; (b) of the person

TESTAMENTARY CAPACITY

The legal form of a will.

Ability to execute a will.—(a) Knowledge of the property; (b) knowledge of the claims of the legatees; (c) tests of mental capacity of testator; (d) undue influence.

CRIMES COMMITTED BY THE INSANE, OR ALLEGED INSANE

The character of the criminal act.—(a) Acts of sudden and indiscriminate violence; (b) acts of premeditation.

Determination of the mental state of the culprit.—(a) Previous history; (b) delusions; (c) degeneracy; (d) distinction between acts due to passion and to pathological states.

The medical witness.—(a) Qualifications of an expert; (b) accurate diagnosis from history and examination of patient; (c) unpartisan testimony as to medical facts; (d) adherence to medical aspects of case.

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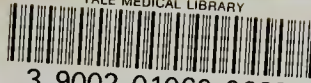
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